

MAPPING OF WOMEN'S RESOURCE CENTRES AND OTHER INTEGRATED SERVICE PROVIDERS FOR SURVIVORS OF GENDER-BASED VIOLENCE IN CENTRAL ASIA, THE SOUTH CAUCASUS, EASTERN EUROPE AND MONGOLIA



CONCLUSIONS AND RECOMMENDATIONS

BACKGROUND INFORMATION

The Gender Issues Programme of the OSCE Office of the Secretary General conducted a comprehensive mapping of Women's resource centres and other integrated service providers for survivors of gender-based violence (GBV) in Central Asia, the South Caucasus, Eastern Europe and Mongolia as part of the **WIN Project**.

The mapping aimed to collect extensive information on existing services and mechanisms for direct assistance to and protection of survivors of GBV, to assess the main gaps and the need for capacity-building and knowledge-sharing in counteracting GBV, and to identify promising approaches and good practices across the OSCE region.

TARGET COUNTRIES

Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Mongolia, Tajikistan, Turkmenistan, Ukraine and Uzbekistan.

TIME FRAME

November 2021 to February 2022

DATA COLLECTION

Involved a sample of 100 questionnaires filled in by service providers and semi-structured interviews with 37 experts.

In February 2022, the key findings of the mapping were presented and validated during an **online workshop** that brought together **91 representatives** from state and civil society service providers.

This document specifies conclusions and recommendations for the OSCE participating States, OSCE executive structures and service providers represented by experts and practitioners consulted during the mapping and workshop.

CONCLUSIONS

The provision of services to GBV survivors differs between target countries. Still, it is possible to draw general conclusions that apply to all the countries studied, in particular in relation to the need to provide a minimum quantity of services (shelters, crisis centres and telephone helplines) to cover the entire population and to achieve compliance with minimum standards.

Access to services is still a major challenge in the regions covered by the mapping exercise. For example, GBV survivors are still sometimes required to file an official report against the perpetrators in order to access support services. Services are also not always accessible to all categories of GBV survivors, including those with disabilities, those living with HIV or those with addictions or dependencies (alcohol or substance abuse, etc.), and the accessibility of services sometimes depends on the survivor's sexual orientation or gender identity. In the context of conflict, access is further limited, in particular in non-government-controlled areas, where services tend to be restricted or even non-existent.

Experts identified that state institutions are gradually taking on the responsibility of providing services, and stressed the need for state and non-state actors that have extensive experience in providing direct support services to survivors of GBV to share good practices and their experiences. Criteria for good practices, as determined by national experts, include relevance, ethical soundness, sustainability, the possibility of replication, interagency partnerships, political commitment, community involvement, safety, effectiveness and efficiency.

A significant number of the target countries showed a clear trend of increased **institutionalized co-operation**, including on the local level, through signed agreements between governmental and non-governmental organizations covering aspects of direct support for and protection of survivors of GBV. Almost all countries have a governmental coordinating body that monitors the implementation of national policies. However, non-governmental organizations are not always included as members.

Referral mechanisms can be either formal or informal; they are often part of the national legal and policy frameworks. The police, social workers, telephone helpline consultants and, less frequently, religious leaders and forensic medical experts are responsible for most referrals of GBV survivors in all the countries studied.

The mapping identified diverse approaches to **data collection** among service providers, and found that the majority of mapped countries do not have a unified approach to data collection for identified cases of GBV. At the same time, provider-based data on service use by beneficiaries and their profiles is important for better understanding the needs and priorities of service users.

There is a need to **build the capacity** of specialists on specific topics related to the provision of direct assistance to survivors of violence, such as using tools for psychological counselling, developing specialized services targeting child survivors, applying "do not harm" principle and promoting multi-agency co-operation.

RECOMMENDATIONS TO OSCE PARTICIPATING STATES

POLICY AND LEGAL FRAMEWORKS

- The OSCE participating States should continue to make progress in terms of enabling women to exercise their human rights in full and on equal terms, and they should implement the 2004 OSCE Action Plan for the Promotion of Gender Equality and other decisions related to preventing and combating violence against women, as this is essential for achieving a more peaceful, prosperous and democratic OSCE area.
- OSCE participating States should establish a central governmental authority responsible for co-ordinating, implementing, monitoring and evaluating policies and measures aimed at addressing violence against women and girls, as well as providing assistance to and protection for survivors of violence.
- National standards on service provision through crisis centres, shelters or helplines for GBV survivors, including specific standards, protocols and guidelines, should be developed in line with the national legislative framework and taking into account the national context and good international practices in the field.

INTERAGENCY AND CIVIL SOCIETY CO-OPERATION

- When developing new or updating existing legislative instruments or policies on victim assistance and protection measures, participating States should include and remain in open dialogue with NGOs and relevant international organizations to ensure a human-rights-based and survivor-centred approach.

DATA COLLECTION

- Data collection systems on service provision for survivors of gender-based violence should be established at the central level, in line with confidentiality standards and international good practices.

PROGRAMMES FOR PERPETRATORS

- Participating States should develop correctional programmes for perpetrators to ensure survivors' safety and reduce the risks of recidivism, in line with international standards and best practices.

AVAILABILITY OF QUALITY SERVICES

- Participating States should establish specialized services such as shelters for survivors of sexual abuse; national toll-free, non-stop helpline services; and social accommodation flats for long-term housing in countries where such accommodations do not yet exist.
- Participating States should ensure that sufficient funding is available for the provision of direct assistance to survivors of GBV; they should also ensure that an adequate number of crisis centres, shelters, national helplines and specialist services for survivors of GBV are accessible and widely available in their respective countries, in line with international standards and good practices in the field. A good practice identified in several participating States is to consider procuring these services from the most experienced NGO-run service providers.
- The governmental procurement mechanisms for social services provided by NGOs should include a tool for accrediting the services, in line with the approved standards of quality and with the applicable regulations.
- GBV services should be integrated into state social protection systems. This entails including GBV survivors among the beneficiaries of free legal aid guaranteed by the state, free medical services (including forensic examinations) and other services.
- Participating States should establish or strengthen nationwide helplines for GBV survivors, which should be available 24/7, should be free of charge and should respect the anonymity of callers.

AWARENESS AND ACCESSIBILITY OF SERVICES

- The relevant authorities should take a leadership role in developing and continuously updating a unified online platform with the contact information for available services (including shelters), anonymous telephone helplines and immediate comprehensive support centres for GBV survivors in each country.
- The OSCE participating States should eliminate obstacles facing survivors of violence who are not admitted to shelters or other services because of disability, psychological illness, addictions, contagious diseases or other factors, and work to eliminate the prejudices and stigma in society that prevent women survivors of violence from asking for support. The access of survivors of violence to available services should not be conditioned on the need to prove their status as a victim or on co-operation with the police.
- The OSCE participating States should pay special attention to GBV survivors' access to support services in non-government-controlled areas. Survivors should be able to access services regardless of the political status of their location, and participating States can take responsibility, for example, by funding NGO-run services in these areas.

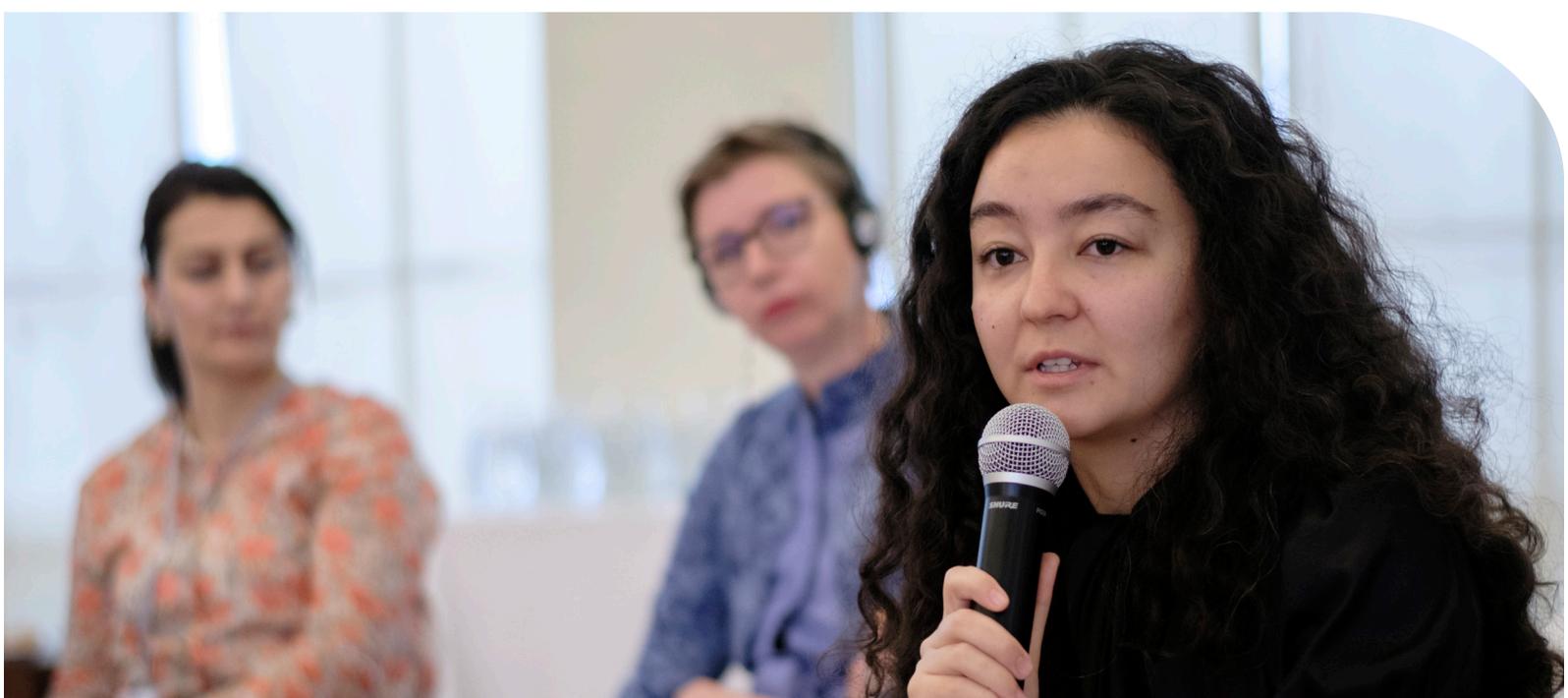
- The participating States should lead information campaigns to provide information about state mechanisms for the protection of victims of gender-based and domestic violence and about available support services. It is also important to involve relevant state authorities working with cases of gender-based violence in such campaigns. There is evidence that the participation of police in these kinds of campaigns has an indirect positive impact on how the issue is perceived and on the role of police officers in such cases.

LEGAL AID

- The state-guaranteed legal aid system should encompass GBV survivors among its beneficiaries. Legal professionals involved in primary legal counselling and representing survivors in the courts should receive specialized training.
- Data collection on legal assistance provided should be disaggregated by gender and type of GBV.

TRAINING AND CAPACITY-BUILDING

- The participating States should continue their efforts to develop, update and institutionalize national training modules and tools based on best practices in assisting and protecting GBV survivors and on the most recent research.
- Capacity-building programmes should respond to the identified needs assessment and the follow the international standards in the field.



RECOMMENDATIONS TO OSCE EXECUTIVE STRUCTURES, INCLUDING FIELD OPERATIONS

OSCE field operations and other executive structures can support participating States in improving access to and the quality of services for survivors of GBV by taking the following actions:

- **Supporting host countries** in establishing or improving legislative and policy instruments, developing and operationalizing national standards, and strengthening systems of data collection on service provision, in line with international standards.
- **Supporting** host countries in developing multisectoral referral pathways, which should include all GBV service needs, such as health services, shelter options, police, traditional (mahalla) leaders (specifically in Central Asian countries), state-guaranteed legal services and child protection. They should also cover non-traditional service providers, such as disability organizations, ethnic and religious groups, and community women's initiative groups, ensuring respect for the principles of "leaving no one behind" and "doing no harm".
- **Initiating and facilitating** platforms or networks where state and non-state service providers can exchange experiences, and international and civil society organizations working on GBV can track and raise awareness of good practices as well as practices that may carry a risk for survivors, including home visits and family reconciliation or mediation practices in domestic violence cases, etc.
- **Mapping and researching** the needs of GBV survivors who cannot access services, due to limited mobility, distance, insecurity or other obstacles, and assessing the rapid response system; and regular mapping at the national and regional levels of available services, gaps and challenges, and the capacity-building needs of service providers at the national and regional levels.
- **Conducting a capacity-building** needs assessment of GBV service providers and supporting the updating of national training modules.
- Strengthening co-operation between law enforcement and civil society organizations by highlighting the mutual benefits of collaboration in the interest of survivors.
- Supporting participating States and civil society organizations in **diversifying outreach activities** in times of crisis, such as pandemics and violent conflicts.

It is necessary to continue identifying good practices and supporting exchanges among OSCE executive structures on innovative, inclusive and equitable service delivery for all survivors of GBV. Design and implementation of interventions on GBV should be aligned with approaches laid out in OSCE internal strategic guidance on addressing VAWG and relevant structures/field operations should ensure that the staff working on this topic is appropriately trained.

RECOMMENDATIONS TO SERVICE PROVIDERS

- Service providers should use their first-hand experience for advocacy efforts to improve the national legal and policy frameworks in line with international standards and human-rights-based and survivor-centred approaches.
- Service providers should continue lobbying to ensure the adequate geographic distribution and sustainability of services targeting survivors of GBV. The volume and quality of services should be in line with international standards and good practices.
- Service providers should develop and offer mobile counselling groups in countries where women face problems accessing services, including disability or other circumstances.
- Non-governmental service providers should take an active part in the establishment of national standardization or accreditation mechanisms, including for newly developed forms of service in countries where such systems are not yet in place.



- Service providers should organize regular capacity-building for care providers and ensure quality services through supervision and mentoring.
- Service providers or independent external institutions should arrange periodic intra-organizational and national-level assessments of the degree to which the rights of GBV survivors are protected and access to assistance is ensured; the assessments should be based on surveys to determine survivors' level of satisfaction with services.
- Intervention concepts should be developed and adapted to the cultural context, with the safety of the beneficiaries as the priority. The harm of mediation practices applied in cases of domestic violence should be clearly explained to all service providers who may be in contact with victims of domestic violence.
- Service providers should ensure that shelter facilities are accessible to women survivors of violence, including their children, irrespective of their age or sex, their HIV or mental health status, or their sexual orientation or gender identity.
- Service providers need to enlarge counselling opportunities through indirect communication channels such as telephone or online communication channels, taking into account the context of the ongoing COVID-19 pandemic and security challenges. Furthermore, it is crucial to understand the extent to which people are vulnerable to violence and face obstacles in accessing telephone service. Information and communication technologies can be used in each specific context to understand whether an online application or helpline could facilitate or expand access to services for these groups.
- Service providers should incentivize GBV survivors' effective reintegration during their stay at shelters or crisis centres. They could organize facilitated access to vocational training and assist with employment opportunities.



RECOMMENDATIONS TO THE OSCE SECRETARIAT'S PROGRAMME FOR GENDER ISSUES / WIN PROJECT

- The mapping exercise conducted as part of the WIN Project served as a good opportunity to analyse existing services, mechanisms and good practices for direct assistance to GBV survivors and to generate corresponding knowledge in the selected target countries. The mapping results should be further disseminated so they can contribute as learnings to be replicated or good practices to be scaled up, and to enhance collaboration across the OSCE region.
- The WIN Project and the OSCE Secretariat's Programme for Gender Issues should support targeted knowledge-sharing events on key topics identified within the mapping and in line with the identified training needs.
- The WIN Project and the OSCE Secretariat's Programme for Gender Issues should develop tools and guidance on the collection of evidence-based data to guide policy and monitor the implementation of protection measures. For example, the WIN Project could enhance the quality of data collection on the part of NGOs running specialized helplines by developing and sharing tools that support accurate data collection and analysis, and that monitor the satisfaction of beneficiaries with services and actions undertaken at the local and national levels.
- The WIN Project and the OSCE Secretariat's Programme for Gender Issues consider the possibility of launching a project envisaging reintegration support for GBV survivors, including the creation of self-support groups and initiatives that can jointly operate small businesses in small communities and facilitate the economic reintegration of survivors.

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This publication is part of the OSCE Secretariat WIN Project (Women and Men Innovating and Networking for Gender Equality).
The WIN project is implemented with support from the following donors:




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ET DES AFFAIRES
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